PTO/SB/06 (08-03)
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٣	nder the Paperw	TENT ADDITE	01 1995, n	o persons are req	ulred to respond	to a	collection of the	formation unle	ss it displa	ays a valid OMB	control number.
PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Applica	tion of Docket Nu	<u> </u>
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL	ENTITY	OR		R THAN ENTITY
	FOR	NUME	NUMBER FILED		NUMBER EXTRA		RATE	FEE	`	RATE	FEE
	SIC FEE CFR 1.16(a))					1		395	OR	18531 E	s
	CFR 1.16(c))	28	7 minus 44 . —		7	1	x \$=	-	OR	X \$ =	
	EPENDENT CLAI CFR 1.16(b))	IMS 1	minus	. 7		1	x \$ =		OR	x \$ =	
MU	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+s =		OR		
. * If the difference in column 1 is less than zero, enter "0" in column 2.						J	TOTAL	395	OR	TOTAL	
	CLAIMS AS AMENDED - PART II								,	TOTAL	L
					(Column 3)		SMALL	ENTITY	OR		R THAN ENTITY
ENDMENT A.		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DME	Total (37 CFR 1.16(c))	•	Minus	••	=		x \$=		ÖR	x \$=	
JEN I	Independent (37 CFR 1.16(b))	•	Minus	***	=°		x \$=		OR	X \$=	
MA	FIRST, PRESENT	TATION OF MULTIPL	E DEPEND	ENT CLAIM (37 CF	FR 1.16(d))	1	+ \$ =		OR	+\$ =	
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	·
		(Column 1)		(Column 2)	(Column 3)					NODETEL	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
DM D	Total (37 CFR 1.16(c))		Minus	**	=		x \$=		OR	x \$=	
ĘN	Independent (37 CFR 1.16(b))		Minus	***	=		x \$=		OR	x \$=	
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+\$ =	
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	11
		(Column 1)		(Column 2)	(Column 3)					·	
AMENDMENT C		CLAIMS REMAINING . AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PREȘENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•	Minus	**	=	ſ	x \$=		OR	x \$=	
	Independent (37 CFR 1.16(b))		Minus-	***	z z		x \$=		OR	x \$=	
8	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					ſ	+ \$=		OR	+ \$=	
	A If the auturin column 4 is booth at 1							5.00	OR	TOTAL ADD'L FEE	
 If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". 											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.